



Internal Use Only:			
Tax ID #		Date	
License Code		Initial	
Received By		Amount	
Session #		Check #	

BUSINESS LICENSE APPLICATION

Return to: Revenue Division
P.O. Box 4089, Gulf Shores, AL 36547

Application Type: ☐ New ☐ Owner Change ☐ Location Change ☐ Name Change

Type of Business: ☐ 1 Manufacturer ☐ 2 Contractor ☐ 3 Wholesaler ☐ 4 Retailer/Product ☐ 5 Other _____

Organizational Type: ☐ 1 Corporation ☐ 2 Partnership ☐ 3 Proprietorship ☐ 4 Professional Association ☐ 5 Other _____

Estimated Gulf Shores' Gross Income through end of current year \$ _____ (Required for calculation)

Legal Business Name: _____

Doing Business As, if different from above: _____

Mailing Address:

PO Box/Street # and name

City/State/Zip

Physical Address/Location:

Street # and name

City/State/Zip

Telephone: (____) _____ Business (____) _____ Cell (____) _____ Home

E-Mail Address: _____ **Federal ID#:** _____

Is the physical location of your business also your residence? ☐ Yes ☐ No

Business is physically located ☐ within Gulf Shores city limits ☐ within Gulf Shores police jurisdiction ☐ outside of both

Estimated number of employees: _____ (City of Gulf Shores only)

Type of Activity/Product (Be Specific): _____

Start date for conducting business in Gulf Shores: ____/____/____ **Tax Returns Filed by:** ☐ Mail ☐ On-line ☐ N/A

Will your sales people or delivery people enter into Gulf Shores? ☐ Yes ☐ No ☐ N/A

Sub-Contractor Only? ☐ Yes **Name of General Contractor (if applicable)** _____

Copy of Alabama Certification required for Gen. Contr./Homebuilder/HVAC/Landscaper/Electrical/Plumber

Contract Amount: \$ _____ (Required for License calculation)

Owner(s), Partners and Officers Information (Attach separate sheet, if necessary):

Name Driver's License #/State Title

Contact Person _____ **Title** _____ **Phone #** _____

Please print

The information provided on this application is a true and complete representation of the above-named entity and person(s) listed.

Signature: _____ **Print Name:** _____

Date: _____

_____(initial) For businesses physically located in Gulf Shores, there will be a minimum waiting period of seven (7) working days for approval of application. I understand that I cannot open or operate this business at this location until my application has been approved and a Business License has been issued.

Internal Use Only:

Tax Liability: ☐ Sales/Seller's Use ☐ Lodging ☐ Lease/Rental ☐ Consumer's Use ☐ Liquor ☐ Beer ☐ Wine ☐ Tobacco ☐ Gas

Frequency: ☐ Monthly ☐ Quarterly ☐ Occasional

Forms Mailed: ____/____/____